

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90027 009 ****50.00

DOCUMENT # M03000000550					
1. Entity Name THE SOLANDER GROUP, LLC					
Principal Place of Business 1785 THE OAKS BLVD. KISSIMMEE, FL 34746 8119 BELSHIRE DR. ORLANDO, FL 32835			Mailing Address 1785 THE OAKS BLVD. KISSIMMEE, FL 34746 8119 BELSHIRE DR. ORLANDO, FL 32835		
2. Principal Place of Business 8119 BELSHIRE DR. Suite, Apt. #, etc. ORLANDO, FL City & State 32835 Zip Country			3. Mailing Address 8119 BELSHIRE DR. Suite, Apt. #, etc. ORLANDO, FL City & State 32835 Zip Country		
6. Name and Address of Current Registered Agent SOLOMON, S T 1785 THE OAKS BLVD. KISSIMMEE, FL 34746 8119 BELSHIRE DR. ORLANDO, FL 32835			7. Name and Address of New Registered Agent Name <u>S. T. SOLOMON</u> Street Address (P.O. Box Number is Not Acceptable) <u>8119 BELSHIRE DR.</u> City <u>ORLANDO</u> <u>FL</u> Zip Code <u>32835</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>[Signature]</u> <u>S. TED SOLOMON, MGR</u> DATE <u>4/14/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOLOMON, S T 1785 THE OAKS BLVD. KISSIMMEE, FL 34746 8119 BELSHIRE DR. ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR S. T. SOLOMON 8119 BELSHIRE DR. ORLANDO, FL 32835	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE <u>[Signature]</u> <u>S. TED SOLOMON, MGR</u> DATE <u>4/14/04</u> <u>321-</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

